

Addressing Eating Disorders as a Physician

By Margo Maine, PhD

1. Admit the problem. Sizeism, weightism, “ideal thinness” and unattainable standard of beauty exist in:
 - Our culture
 - Your patients
 - You (?)
2. Ask Questions about weight, menstrual, and dieting history:
 - A patient’s usual weight
 - Weight and menstrual fluctuations
 - Dieting
 - Other behaviors being used to change weight
3. Convey the importance of adequate nutritional intake, especially:
 - Calcium
 - Protein
 - Adequate fat
 - Balance (the food pyramid)
4. Do not overemphasize weight as an indicator of general health.
5. Understand and explain to patients the set point theory
6. Be concerned about amenorrhea
 - Bone density
 - Fertility
7. Educate patients and staff about the dangers of dieting
 - Sets up a “binge”
 - Decreases BMR
 - Makes it easier to store fat
 - Impairs physical, psychological, and emotional functioning
8. Maintain a weight sensitive office
 - No jokes about eating disorders
 - Privacy when weighing patients/no weighing in public location
 - Respect client’s feelings
9. Provide educational materials about appropriate nutrition and eating disorders.
10. Bring up your concerns directly to patient.
 - Confront or Carefront? Present concerns in a sensitive and caring way
11. Know local and national resources for treatment
12. Respect the power of the illness
 - Establish an appropriate treatment plan
 - Collaborate with mental health specialists
 - Hang in there—your support and concerns are important

...i will take refuge in the shadow of your wings...psalm 57

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